

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 10, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000008144

1. Entity Name
SAUNDERS & DOELMAN TRANSPROP, LLC



Principal Place of Business
6631 MALONEY AVE.
STOCK ISLAND, FL 33040

Mailing Address
6631 MALONEY AVE.
STOCK ISLAND, FL 33040



01252006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1108895

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAUNDERS, SCOTT
6631 MALONEY AVE
KEY WEST, FL 33040

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

U000000429491
02/22/06-80009-017 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SAUNDERS, SCOTT
STREET ADDRESS	FOUR COCONUT DR.
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	MGRM
NAME	DOELMAN, JAN
STREET ADDRESS	615 AMELIA STREET
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/6/06

Date

205 244-5525

Daytime Phone #